



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **3148 COLIMA RD., HACIENDA HEIGHTS, CA 91745**

TELEPHONE: **(626) 428-1573**

OWNER OF BUSINESS: **YONG SUN**

CAL. DR. LIC.#: **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **HEAVENLY SOAKING MASSAGE**

MAILING ADDRESS: **3148 COLIMA RD., HACIENDA HEIGHTS, CA 91745**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	02/03/16	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	10/20/15	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	03/14/16	nlove
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	12/04/15	tchen
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	09/25/15	tchen
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	03/24/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	12/04/15	tchen
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # 142717

BUSINESS INFORMATION

Type of Business: <u>Massage Parlor</u>	Address of Business: <u>3148 Colima Rd, HACIENDA HEIGHTS CA 91745</u>	
	Business Telephone: <u>626-695-3377</u>	
DBA (Business Name): <u>Heavenly Soaking Massage</u>	Mailing Address: <u>same as above</u>	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>5/2/11</u>	Incorporated in the State of: <u>5/2/11 California</u>	
Exact Corporate Name: <u>Xinmiao Enterprises Group Inc</u>		
Names of Officers	Addresses	Titles

APPLICANT INFORMATION

Applicant's Full Name: <u>YONG SUN</u>		
Home Address: _____		
Home Telephone: _____	Cell Phone: _____	Email address: <u>TONY.SUN.USA@GMAIL.COM</u>
Social Security #: _____	Date of Birth: _____	Place of Birth: _____
Driver's License or State ID#: _____		Expiration Date: _____
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: _____	Weight: _____
Hair Color: _____		Eye Color: _____

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 9/23/2015 Applicant's Signature: _____

Application taken by: Di... Date: 9-23-2015

* If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at 1(800) 544-6861

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **3148 COLIMA RD., HACIENDA HEIGHTS, CA 91745**

TELEPHONE: **(626) 428-1573**

OWNER OF BUSINESS: **YONG SUN**

CAL. DR. LIC.#: **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **HEAVENLY SOAKING MASSAGE**

MAILING ADDRESS: **3148 COLIMA RD., HACIENDA HEIGHTS, CA 91745**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

BUILDING & SAFETY

LA COUNTY

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: **T-1 PERMIT FOR THIS BUSINESS WAS ISSUED UNDER**

ADDRESS 3146 1/2 COLIMA RD, H.H.

SIGNATURE: **[Signature]**

DATE: **2/3/16**

3232637342

10:27:59 a.m. 10-07-2015

7/17

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 3148 COLIMA RD., HACIENDA HEIGHTS, CA 91745

TELEPHONE: (626) 428-1573

OWNER OF BUSINESS: YONG SUN

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: HEAVENLY SOAKING MASSAGE

MAILING ADDRESS: 3148 COLIMARD., HACIENDA HEIGHTS, CA 91745

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

EBI
2392

FS-43-BD

FIRE DEPARTMENT

LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

[Signature]

DATE: _____

10-15-15

BASIC LICENSE NO. 5910

DATE 09/25/15

IDENTIFICATION NUMBER 142717



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 3148 COLIMA RD., HACIENDA HEIGHTS, CA 91745

TELEPHONE: (626) 428-1573

OWNER OF BUSINESS: YONG SUN

CAL. DR. LIC#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: HEAVENLY SOAKING MASSAGE

MAILING ADDRESS: 3148 COLIMA RD., HACIENDA HEIGHTS, CA 91745

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**PUBLIC HEALTH
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

3/10/2016

BASIC LICENSE NO. 5910

DATE 01/20/16

IDENTIFICATION NUMBER 142717

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

915-01053-3410-44

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 3148 COLIMA RD., HACIENDA HEIGHTS, CA 91745

TELEPHONE: (626) 428-1573

OWNER OF BUSINESS: YONG SUN

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

XINMIAO ENTERPRISES GROUP, INC
DBA:

FICTITIOUS NAME: HEAVENLY SOAKING MASSAGE COMPANY

MAILING ADDRESS: 3148 COLIMA RD., HACIENDA HEIGHTS, CA 91745

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approval

SIGNATURE:

[Signature]

DATE:

11/30/15

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
BUSINESS LICENSE SECTION
REVENUE & ENFORCEMENT DIVISION

TO: DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13TH FLOOR, ROOM 1360
LOS ANGELES, CALIFORNIA 90012

FROM: BUSINESS LICENSE SECTION
225 NORTH HILL STREET ROOM 109
LOS ANGELES, CALIFORNIA 90012

DEPARTMENT OF REGIONAL PLANNING FEE: ~~\$365.00~~
\$365.00

TELEPHONE: (213) 974-2011
FAX: (213) 633-5427

DATE: July 20, 2015

ID#: _____

TYPE OF BUSINESS AND CODE: Massage Parlor

BUSINESS ADDRESS: 3148 Colima Rd.

CITY: Hacienda Heights CA 91745 APN#: 8291-033-078

NAME OF OWNER: Xinminao Enterprises Group, Inc. PHONE#: (626) 695-3377

D.B.A./NAME OF BUSINESS: Heavenly Soaking Massage CELL PHONE#: (626) 695-3377

MAILING ADDRESS: 3148 Colima Rd, Hacienda Heights, CA 91745

E-mail ADDRESS: _____

To be completed by Regional Planning

RBUS 201500382

EXISTING USE: New () Renewal ☒

PROJECT # 2015-02178

CELL PHONE #: _____

USE PERMITTED IN ZONE C-1

USE NOT PERMITTED IN ZONE: HALL OF RECORDS

APPROVED ☒

DENIED: _____

DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, ROOM 1360
LOS ANGELES, CALIFORNIA 90012

REMARKS: Approved per RPP201100501 for massage parlor.
A conditional use permit will be required for
massage parlor beginning on 1/1/2020.

SIGNATURE: [Signature]

DATE: 8/31/2015